Marital pathology

A review

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I would like to start this paper with a personal note regarding the origins of my interest in the subject of marital pathology. This started back in 1959 when I offered my services as a voluntary worker to the Catholic Marriage Advisory Council which is one of the national organizations recognized by the Government to assist marriage and the family. As a medical adviser I found myself fascinated both by the spiritual and professional aspects of the work which were, in many ways, interlocked.

The details of the spiritual matters which affected the theology and discipline of the Roman Catholic Church concerning marriage need not delay us unduly here. Principally what emerged from this aspect of the work is the view that the nature of marriage must be seen essentially as a relationship and not simply as a legal contract, a concept which has dominated hitherto both the secular and the religious view of marriage.^{28, 29, 30} This relationship is a complex one involving social, physical, psychological and spiritual dimensions which impinge on all those who enter marriage irrespective of religion, hence my interest now extended well beyond the immediate involvement with Roman Catholic marriages. At this stage I became particularly interested in finding out the fruits of research work which would illuminate the factors contributing to marital breakdown, for without such a corps of knowledge little progress could be made in understanding the natural history of the pathological processes.

The search for such information revealed, with a few exceptions, a notable dearth of any interest in the subject in Great Britain but a plethora of disparate studies in the U.S.A. on which I relied heavily for the Pelican book, *Marital Breakdown*³¹ which was published in 1968. Great Britain thus finds itself in an interesting but contradictory situation of having pioneered and established an extensive national network of voluntary marriage councils which goes back to 1943 when the first centre⁷⁴ of the National Marriage Guidance Council was opened in London, but with little sociological and psycho-

logical research support for such a vital subject. The notable exception is the work of the two units at the Tavistock, one functioning within the National Health Service orbit and the other outside it as part of the Institute of Human Relations. Both these units bring a distinctive psychodynamic approach and the work of Dr Dicks²⁶ must surely stand as a ray of light in an otherwise dark scene of indifference.

The neglect of such an important topic is hard to understand in view of the consequences of marital breakdown which have the widest repercussions for society in general with a very direct involvement of the medical profession in particular.

The aim of this paper is to consider a selected number of medical and psychological factors related to the aetiology and complications of marital pathology.

Definition and size of problem

Perhaps one reason for the reluctance of medical workers to engage in the field of marital pathology is the difficulty of its description and definition. The usual index is that of divorce but marital breakdown extends to separation, formal and informal, temporary or permanent, as well as those marriages in which the partners live in an increasing emotional warfare or total apathy, the so-called empty shell marriages. Robert Chester will consider these matters in detail but in a recent paper²⁰ he indicates that between one-sixth and one-quarter of contemporary marriages may ultimately experience failure through termination, separation or internal collapse. If we confine ourselves to the figures of divorce alone, for the year 1968 there were 55,007 petitions filed and 45,794 absolute decrees. One decree means two people, husband and wife, and each marriage involves children. A total calculation for that year of adults and children involved adds up to 164,378 persons.⁶⁷ It is worth noting that in 1971 there were 110,000 petitions, precisely double for the year just examined. Even making allowances for the fact that this is the first year of the new Divorce Act²⁷ it is reasonable to predict that at least a quarter of a million of human

beings may be involved. If the rate remains anywhere near this high level then the behavioural sciences have to examine what are the likely consequences of such a phenomenon. The cost can be calculated in terms of money spent in legal fees or the sums involved of maintaining fatherless unsupported families. The cost to public funds for legal aid in matrimonial cases must be well over £5 million and at least one hundred millions a year are spent by the state for supporting fatherless families. In contrast the financial help given to voluntary marriage council organizations is of the order of £150,000 annually, and the amount spent on basic marital pathology cannot be more than a few thousand pounds.

There is another cost dimension, namely, the amount of human suffering and the forms of its manifestations. Much of it is personal, private and uncommunicated in measurable terms to others, but some of the pathological consequences are identifiable and these can be divided into short-term and long-term effects.

Short-term effects on adults

Marital disharmony is responsible for physical and psychiatric morbidity. Some of it does not reach even the family doctor, some is dealt with by him and a percentage of that is referred to the hospital service. Experience in a marriage council, and in both out-patient and in-patient work, leaves little doubt in my mind of the severe repercussions in individual cases and few doctors are likely to disagree with this.

In the study carried out by Shepherd *et al.*⁷⁶ in the incidence of psychiatric illness in general practice, the practitioners were asked to give for each psychiatric case those medical and social factors which they regarded as relevant for the onset, cause or severity of the patient's illness. In the factors recorded, marital problems head the list for women, accounting for some 16% of female psychiatric patients, surpassed only by occupational problems for the men, and responsible for some 11% of male psychiatric problems. Marital problems also contributed heavily to all categories of psychiatric illness which was divided into psychotic, neurotic and psychosomatic. Recent work by Birley & Brown¹² has reinforced indirectly these findings as far as psychotic illness is concerned by showing that significant physical and social events, including marriage, contribute as precipitants to an acute or relapsing episode of schizophrenia.

Similar findings are emerging in an extension which has examined affective disorders.¹⁴

Moving into another area of serious consequences, suicide and suicidal attempts have important associations with marital breakdown. For reasons

connected with lack of accurate information the exact incidence of suicide is unknown. It has nevertheless been estimated that at least 1000 people commit suicide daily and that a figure of half a million people dying each year by their own hand throughout the world is a reasonable estimate.⁸⁷ Figures computed by Dr Barraclough, first for the West Sussex and Portsmouth area for the year 1968⁸ and also for England and Wales for 1970, give some remarkable results.⁷ In the former the suicide rates per 100,000 of the population in all ages over the age of 15 were as follows:

Marital status	Suicide rate/100,000
Married	9.9
Single	16.3
Widowed	16.3
Divorced	47.9
Married but living apart	204.4
Suicide rate	13.3

The considerable increase of the divorced swells to enormous proportions for those whose marriage has broken down without adequate resolution of the situation.

This trend is also shown in his figures for England and Wales where the rates for the married are 7.8 per 100,000, rising to 11.1 for the single, 23.9 for the widowed and 35.5 for the divorced.

The suicide rate is in fact reported to be declining in England and Wales.³⁷ Suicidal attempts on the other hand are increasing.^{2, 78, 4} In his study of self-poisoning in the city of Edinburgh, Kessel found that in sixty-eight married men and 147 women, marital disharmony was a major participating factor in 68% of the men and 60% of the women. Some 30% of the marriages of the men and 26% of the women had broken down by separation or divorce and in one-sixth the break-up had been within a month of the suicidal attempt.⁴⁹ Nor does the relationship cease in the single attempt. Bagley & Greer have followed 204 patients who presented themselves at a casualty department following deliberate self-poisoning or self-injury. They were able to isolate five variables which, in combination, predicted successfully 80% of repeaters in the total sample. These were antisocial personality, organic brain disorder, previous attempt, widowed, separated or divorced and membership of Registrar General's classes I-III.⁵ Once again marital breakdown is found to be an important contributory factor.

Suicidal attempt and suicide itself are the end-results of an intense degree of suffering. Many of those involved in the process of marital breakdown suffer without such a powerful demonstration, but

the extent of the suffering is considerable. As seen in an out-patient psychiatric clinic it takes frequently the form of affective disorder characterized by anxiety and depression. In a retrospective study, Chester²¹ has drawn attention to the physical and psychological manifestations.

Short-term effects on children

In the 1971 Sir Geoffrey Vickers lecture, Rutter⁷³ has shown convincingly that family discord has a powerful adverse effect on children at the time it is occurring. In his summary he writes:

'For the most part the child is adversely affected by the tension and disharmony; the break-up of the family is only a minor influence. Studies of unbroken families show that boys in homes where there is an unhappy marriage between the parents are much more likely to become deviant than are boys in harmonious homes. Both active discord and lack of affection are associated with the development of antisocial disorders.'

Long-term effects of parental deprivation

Apart from such carefully drawn conclusions regarding the immediate situation, which would need to be enlarged to include the transient educational, physical and psychological adverse effects on children, parental deprivation has been studied extensively in relation to adult psychological disorders. Results here are far from unanimous and distinction has to be made between loss of parent by death and through desertion, separation or divorce. The various studies have recently been examined by Alkon.³ In his review of the literature up to 1969 he was able to show that loss of parents in childhood through death is significantly higher than controls in psychiatric in-patients, depressive and alcoholic populations and that parental separation is associated significantly with suicidal, personality disorder and schizophrenic populations.

Alkon's findings indicate that alcoholics have a high incidence of parental marital pathology, a finding confirmed by the McCords in their study of the origins of alcoholism.⁵⁹ Studying adults in the longitudinal Cambridge-Somerville Youth Project, they studied twenty-nine alcoholics out of the original 500 subjects and found that the potential alcoholic has been raised in a family disrupted by a high degree of conflict and basic disagreement. Similar factors were found to operate in the background of criminals.⁶⁰ These findings in the United States have been duplicated in Sweden where the impact of divorce on children has been examined in relation to childhood delinquency, adult crime and alcoholism. In all these categories the children of divorced parents had significant higher incidence than that found in the general population.⁶⁴

Occupational maladjustment in men as defined by long periods of unemployment and sickness has been related to loss of father through separation by Tongue.^{43, 38}

Finally, in some ways the key relationship is that between parental marriage and that of the offspring. Here there is little doubt that marital harmony has been closely associated with the stability and contentment of the parents who were presumably able to give the necessary security to the children. Pond, Ryle & Hamilton drew attention to this association in a working-class population.⁶⁶ This finding has been shown in other social class groupings, particularly in the United States.¹⁶ The pattern of divorce was studied in three generations amongst nearly 2000 students in the United States.⁵⁵ A close relationship was found between the marital status of the grandparents and the parents of the students. If neither set of grandparents had been divorced or separated the ratio of divorce to marriage was 1 to 6.8; if one set of grandparents had divorced the ratio fell to 1 to 4.8 and if both sets had divorced or separated the ratio was further reduced to 1 to 2.6.

Apart from the impact on the marriage there is evidence to suggest that at least one type of sexual deviation, which may itself damage the marital relationship, is associated with marital pathology of the parents. It is commonly calculated that homosexuality affects one in twenty of the male and one in forty of the female population. Some members of both groups marry and those that do not have a wide range of handicaps to contend with. The family background of male homosexuals has been studied extensively and the more frequent defective parent-child relationship of homosexuals indicated.^{82, 83} Of particular importance is the ineffective role ascribed to the father who is usually weak, indifferent, hostile or absent.^{75, 10} In his study of lesbians,^{47, 48} Kenyon found in contrast that the relationship of the lesbian was particularly poor with her mother, although the relationship with the father was also poor. Fewer of the lesbians considered their parents' marriage as satisfactory compared with the controls and more had ended in separation and divorce. The general adverse affect of a poor parental relationship is also shown further in that 24% of the lesbians reported a family history of homosexuality, most commonly in a brother, compared with 2.4% of the controls.

So far attention has been concentrated on some of the documented important correlations between marital and psychophysical pathology. What follows is an examination of the social and psychological factors associated with marital breakdown itself.

The social factors can be divided into those that contribute to the general background affecting the changing nature of marriage and another group of specific ones related closely to marital breakdown.

General social factors

The general social factors can in turn be divided into those impinging from outside and those stemming from inside marriage. Amongst the former can be included the permanent separation between home and the factory as the centre of production which, since the industrial revolution, took first the father and later the mother away from the home for large periods of the day. Industrialization has in turn been responsible for urbanization, the breakdown of the extended family system and the growing isolation of the family in the urban community. Coupled with this is its increased social mobility and consequently the frequency with which attachments have to be established and abandoned with the supportive elements in the local community. The extended family has thus been reduced to the nuclear components of parents-children whose tasks have been further modified by the increasing involvement of the state in the care of the sick and elderly and the education of the children. Thus, the tasks allocated to the family which demanded its continuity for the welfare of its members have been reduced progressively.

Such reduction of personal ties and the looser family structure has also coincided with considerable changes in the internal structure of marriage itself. Its duration has undergone a startling extension. Some 25 years have been added to the expectation of life since the turn of the century.⁶⁸ This extension at both ends is capable of giving a duration of marriage of 50 years or more.⁶⁹ It has in fact been calculated that the 'average age' marriage lasted 28 years in 1911 and 42 in 1967.⁸⁴ Some marriages now ending in divorce would have been terminated by death a few decades ago. Furthermore, this increased period of involvement between spouses will not be buttressed by the unifying and stabilizing presence of innumerable children. Nowadays, while children remain of the greatest importance, a combination of factors—such as the dramatic reduction of infant mortality⁸⁰ and stillbirths,⁷⁰ coupled with the availability of birth control and the fact that the world is now actually threatened by overpopulation—have contributed to diminish yet another cementing force in the structure of marriage. The reduction of family size, and the earlier cessation of childbearing—on an average by the age of 26–27⁷⁹—has liberated a good deal of time for the mother as well as confronting the spouses with 30 years or more when they are left to themselves in an extended third and final stage of marriage.⁷¹ The considerable liberation of the wife's time from childbearing and rearing has also coincided with a unique development of woman's emancipation in the history of civilization.

All these external and internal changes inevitably focus attention on the husband-wife relationship

which has been extended and concentrated at a time when emphasis is shifting decisively towards an improvement in the general quality of life. With the indisputable increase in the material level of living in Western societies, human beings are seeking fulfilment in the next layer of their being which involves social and psychological standards. At the sociological level the quest for personal dignity in terms of freedom, equality and the opportunity to realize human potential, independent of race, colour, creed or other discriminating factors, goes on increasingly. Psychologically the next layer of being concentrates on the experience of feelings, emotions and instincts.

Marriage stands at the centre of this confluence of changes and perhaps the increasing expectation of human beings stands out as the single most important factor contributing to marital breakdown.

Specific social factors

More specifically certain social factors have been shown to be closely associated with marital breakdown. The first has been found in several studies both in the United States and in Britain; namely, the age of marriage. Statistics show repeatedly that youthful marriages, particularly those under the age of 20, are markedly vulnerable.^{39, 72, 40} Another factor which has been studied extensively by Christensen is the timing of the first conception. He has shown higher divorce rates for pre-marital than post-marital conceptions and for early as compared to later post-marital conceptions.^{24, 25} A combination of youthful marriage with a pre-marital pregnancy is a particularly dangerous one.⁷² Infertile marriages appear to have a higher rate of divorce^{72, 44} but this view has been criticised by Monahan and others.⁶¹ Moving to a later phase, recent studies in the United States, however, indicate that children are not necessarily associated with marital happiness. In a study of a university student population, Hurley & Palonen found that the higher the ratio of children per years of marriage, the less satisfactory the marital experience will be.⁴⁵ In this country, Hare & Shaw found that for mothers—and to a lesser extent fathers—rates for physical and mental ill-health increased with family size, a critical point being reached with four children or more.⁴⁴

As far as the United States is concerned, repeated studies have shown that there is a positive relationship between marital happiness and higher occupational status, income and educational level for husbands.^{11, 40} These findings have not been confirmed in Britain but much less work has been done in these areas in this country. The crucial role of the husband in marital stability is further demonstrated in several American studies.^{58a-c} Briefly, these show that when husband and wife agree that he is as he

wants to be (which tends to be like his father), and as she wants him to be (which tends to be like her father), both are happier. In this and other studies no relationship has been found between marital adjustment and the congruences of the husband's perception of his wife with her self-perception.⁸

Status, material satisfaction and personality needs emerge clearly in American studies as significantly associated with marital happiness and stability. However, since a number of these have been carried out in college and upper middle class populations the findings must be carefully interpreted. Levinger studied the marital dissatisfaction of 600 couples who were divorce applicants with children under the age of 14. His findings indicate that spouses in middle-class marriages were more concerned with psychological and emotional interactions while the lower class partners concentrated on financial problems and unstable actions of their spouses.⁵⁷

Such a finding is in keeping with the concept of viable marriage as a relationship in which the minimum needs of one or both partners are being met. When this is no longer occurring marital breakdown is present. If this is the case, what can research results teach us about the mechanisms operating which are responsible for the maintenance of a more satisfactory relationship?

Assortative mating

Extensive studies carried out in the United States in the forties and fifties have shown that, as far as age at marriage, religious affiliation, social class, race and ethnic background are concerned, the process of selection is *homogamy*, that is to say like chooses like. This tendency for men and women to choose in each other characteristics similar to their own has been defined as *assortative mating* and explains one powerful mechanism by means of which the interests, desires and values of the couple tend to be safeguarded and fostered. Mixed religious marriages have been found to be more prone to marital breakdown.^{58, 62} Clinically, mixed marriages involve other characteristic features in marital breakdown but no large-scale studies exist in Britain to elucidate the casual from the specific role of the lack of homogamy in these instances.

Burgess & Wallin who studied 1000 engaged couples found similarities in a total of forty-seven characteristics covering religious affiliation and behaviour, family backgrounds, courtship behaviour, type of marriage (wife's work, number of children, sexual attitude), social participation (drinking and sundry habits, leisure time preferences, organizations attended), mutual friends and family relationships (attitude towards parents, brothers and sisters) and many others.¹⁷

The personal needs which couples seek in marriage

extend beyond these social behavioural characteristics into those such as affection, confidence, sympathy, understanding, dependence, encouragement, intimate appreciation and emotional security.¹⁸ These characteristics are linked intimately with the personality of the spouses and personality traits as measured by questionnaires show a definite trend towards similarity.¹⁹ Here we reach a critical item for marital pathology. Several studies and clinical experience suggest undoubtedly that the positive characteristics just outlined, which are considered desirable for marital stability and happiness, are on the whole found in those without neurotic or personality disorders. Thus, if assortative mating operates at the level of the personality, the tendency will be for stable personalities to be matched by those with similar characteristics. If this is the case, then one complete answer for marital pathology will be found in the process of assortative mating. In an extensive review of the subject in the United States, Tharp accepts this view about neurotics marrying neurotics.⁸¹ Furthermore, studies variously based on psychiatric in-patients,^{65, 77, 41} out-patient referrals^{51, 63, 66} and general practice⁶⁶ have all shown a higher-than-chance incidence of psychiatric disturbance in the spouse of the patient.

In a series of papers, Kreitman^{52, 53} has challenged this view, finding that assortative mating does not operate as far as out-patient psychiatric referrals are concerned. The patient's spouse was indistinguishable from controls with respect to the Maudsley Personality Inventory and the Cornell Medical Index compared with control subjects. Patients' spouses, however, showed an increasing level of disturbance, not shown by the controls, as the duration of marriage increased. The results were thus interpreted on an interactional model⁵² which is analysed in detail in further studies which show that the wife of the male neurotic studies is restricted to greater face-to-face contact with her spouse and her social contacts with the outside world diminished.⁵⁴ In a study of the spouses of phobic patients, Agulnik confirmed Kreitman's thesis in respect of the absence of assortative mating but not the interaction model since the neurotic manifestations did not progressively develop in the spouses with increasing duration of marriage.¹

These important British contributions merit further research since they challenge a possible fundamental explanation of marital pathology which relates it to assortative mating.

Theory of complementarity of needs

An alternative to the assortative mating theory was proposed by Winch⁸⁵ who proposed that homogamy applies to social characteristics but at the psychological level complementarity ultimately

obtains. In this theory opposites marry on such dimensions as dominance and submission, nurturance and succour, achievement and abasement.

Research has not supported this view so far⁸¹ but certainly at a clinical level one sees repeatedly examples of complementarity and this is an area which awaits further examination.

Object-relations theory

The measurement of neuroticism in British studies evaluating the assortative theory rely heavily on personality questionnaires which in turn depend on constitutional neuropsychological features, particularly of anxiety. The psycho-analytical schools use the term neurotic in terms of intra- and inter-personal conflict and consideration should be given to this approach.

Essentially the thinking in this area consists of a repudiation of the individual approach to therapy. Freud's early model of considering the single person's development in unilateral terms has gradually given way to the interacting process of two people or more; in the case of marriage, the examination of the dyad, husband and wife.

One way of formulating this view is to see the husband and wife as having each experienced an intimate relationship with their parents which has shaped a number of essential characteristics. These include trust, autonomy and sharing, the capacity to receive and to give feelings of recognition, acceptance, care, tenderness, to negotiate competition, envy, conflict and aggressive feelings, ambivalence and to cope with closeness and separation, feelings of badness and guilt and those of forgiveness and reparation. Here the works of the British psycho-analytical school of Klein,⁵⁰ Fairbairn,³⁶ Gubtripp,⁴² Winnicott,⁸⁶ Bowlby¹³ and the American Erikson³⁴ all spring to mind. In my own work I referred particularly to the problems of self-esteem and emotional deprivation.³²

In these theories the growing person is now no longer seen developing primarily in Freud's instinctual dimensions of aggression and sexuality, but as a whole person with a central ego reacting with objects in which mother and father are the principal and crucial ones in the first intimate experience of life. Marriage is the second and only other such exclusive and intimate relationship in which the deprivations, fantasies and expectations of the first relationship are lived afresh with all the possibilities of gratification and conflict. This system of interacting personalities has come to be called a collusive system in the pioneering work at the Tavistock Clinic, and Dicks undoubtedly deserves recognition for initiating the concept of seeing the couple as the unit of therapy.²⁶ This dynamic approach plays an important part in marital therapy and forms an

indispensable theoretical and practical branch of marital pathology. Its importance will enlarge as the traditional rigid roles of husband and wife give way to more egalitarian, open, flexible systems which will bring the inner worlds of the couple in more direct encounter with each other.

Sexual problems

No mention has been made so far of sexual problems in marriage. This is not because they are insignificant but in order to stress and if possible to correct the naïve view that marital pathology is equivalent to sexual pathology. This is not the case. Sexual problems are an important aspect of marital difficulties but it is the whole relationship that needs consideration and not the sexual problem in isolation.

For clinical purposes sexual problems can be divided into primary and secondary ones. The principal primary ones are those of non-consummation, impotence, marked and persistent difficulties with male ejaculation and sexual deviations. These primary difficulties of which two will be considered in some detail in further papers^{22, 23} can exist in a setting of a good or poor husband-wife relationship. The secondary problems are those in which the sexual activity of the couple becomes the displaced site for the conflicts, disappointments and hostility of the relationship. In some instances difficulties can trigger off a vicious circle, hence the need for early and appropriate therapeutic interaction.

Each of these sexual pathologies has an immense literature, and it is not my intention to review the matter any further to-day. I hope that further symposia will consider this aspect of marital pathology in detail.

Mental illness

Marriage seen primarily as a complex relationship is bound to be affected by mental illness. Psychopathic behaviour has an undoubted destructive effect and all doctors will recognize this immediately. The central feature of this behaviour, which is particularly damaging, is the rapidity and intensity with which aggression is mobilized coupled with widespread unreliability of conduct. If psychopathy provides a flourish of emotional outburst, schizophrenia destroys the emotional life and it is not surprising to find that schizophrenics have a marriage rate which is below that of the average in the population⁷⁹ and a much higher rate of divorce.¹⁵ The paranoid tendencies in the personality in general and the illness in particular are particularly damaging to the marital relationship.

Developmental cycle

I would like to conclude this review of pathology

with a few clinical observations of my own which refer to the developmental cycle of the human personality. One succinct way of describing the growth of the human personality is to see it as a process of gradual separation and differentiation whereby in the second half of the second decade the young man or woman emerges as a separate person capable of pursuing an independent social, physical and emotional life. This in fact occurs in the overwhelming majority of persons but in a small but sizeable minority this does not happen and the consequences are clearly seen in marital pathology. Since youthful marriages are particularly vulnerable it is important to relate the epidemiological datum to psychological development.

Erikson has called adolescence a period of psychosocial moratorium.³⁵ It is a period capable of mobilizing a great deal of aloneness and loneliness as the separation anxiety of leaving home is experienced. In individual instances the departure from home is an escape from an intolerable situation, particularly marked by a desire to experience freedom. If one or two people are fleeing from such backgrounds what attracts them is the remedy of their immediate needs, not a plan for a permanent future contract.

Since aloneness and loneliness are pressing characteristics the ability of the spouse to meet this need is crucial. Frequently it is the wife who has been uprooted from her own surroundings, and if pregnant or with a young child, denied access to the companionship of her family or fellow workers. The husband on the other hand is busy creating a career and so there is severe competition for his time. Furthermore, he may find the pressing needs of his wife restricting or smothering. He will seek to escape by working overtime, attending athletic activities, meeting his pals in the pub or club, all of which is legitimized and rationalized without unfortunately reducing sufficiently the escalating discomfort of the wife who feels it intolerable.

In addition to the simple process of aloneness and loneliness another mechanism operates. Instead of escaping from home, the process may be one of painful and gradual ambivalent separation. The wife or spouse wants to separate but this mobilizes anxiety which can only be dealt with by the partner. If the partner is unable to replace the security, reassurance and encouragement provided by the parent, the dependency needs cannot be outgrown. Here, there is often a tug-of-war in which the parents play a prominent part, particularly the mother. She may be fighting the loss of her son or daughter because she cannot cope with her own loneliness. If her child is finding it difficult to separate from her then the misdeeds of the spouse are reinforced and the traditional interfering part of the mother-in-law

does play a truly collusive and destructive role.

Negotiating this process of separation is a critical feature of marital pathology. A later development and an equally important one is the emergence of a more clearly differentiated personality from the crisis and confusion of adolescence. If such a development is marked then the spouse may be found to be irrelevant to the changing needs of the unilaterally developed personality. I am convinced that this is a major contribution to marital breakdown, particularly in those couples which follow the pattern intimately related to Winch's view of complementarity-needs in terms of dominance and non-dominance.

Here, it is often but not exclusively the wife who is at the beginning of the marriage a shy, quiet, dependent non-aggressive person, marrying an outgoing, active, dominant husband. Her dependency needs are met in that it is the husband who takes the initiative and decisions, negotiates the anxiety-loaded situations and is clearly the authoritarian figure. This arrangement may work well for some years with or without conflict. But gradually and imperceptibly the wife gathers confidence and recognizes more clearly her own potential, and as her identity grows stronger she would like to be approved and recognized in her newly discovered confidence by her husband. A perceptive man will do this, and a new pattern of marriage will be established. Unfortunately, there are those husbands who can neither perceive nor tolerate such a growth. All the attempts of the spouse to take an increasing role of responsibility or act more independently will be resisted and blocked. Gradually she will feel trapped, suffocated and stifled and her husband will be felt as a jailer and a destroyer of her integrity. If she has an anxious personality, the conflict will provoke an anxiety state and many of the grounds previously responsible for cruelty petitions emanate from the manifestations of such a condition. The husband (or the wife) will be finally experienced as the triggering object of pain, anxiety and personal danger and when such a situation is reached it is often irrevocable. It becomes almost inevitably so when a third party intervenes who treats the wife with care, dignity and respect as her new identity requires.³³

Conclusion

In this review a description has been given of some of the current social and psychological findings on marital pathology. There can be little doubt of the extensive pathological implications of marital breakdown both in short- and long-term effects. Indeed I would like to suggest that this is the single most important process responsible for social pathology in the world to-day, particularly in advanced coun-

tries where the incidence of marital breakdown has assumed very large proportions. If my contention is correct it is imperative that the behavioural sciences respond to this challenge.

In this country in particular marital breakdown has to establish itself as an important and separate pathological entity requiring widespread research. Furthermore, the admirable work of the voluntary organizations will be greatly enhanced if supported by the fruits of research and the help of professional workers. Above all the medical profession must be trained in this common and vital subject.

But the findings of research cannot by themselves provide the answers. Marriage stands in the midst of fundamental values about the nature of man, human relationships, the family and the future of society. The springs of these values are religious, social and legal and must be evaluated by these criteria. Such fundamental reformulations, however, will depend on reliable and valid criteria which only the behavioural sciences can provide by using the available and still-developing tools of the scientific method.

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